
ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME IX

APRIL, 1919

NUMBER 4

DENTAL DISPENSARY IN MOTION

Here, for the first time, is shown the Rochester Dental Dispensary in action, not only self-contained, but as applying to outside interests; prophylaxis and lectures in public and parochial schools and institutions ~ ~ ~

*O child! O new-born denizen
Of life's great city, on thy head
The glory of the morn is shed,
Like a celestial benison!
Here at the portal thou dost stand,
And with thy little hand
Thou openest the mysterious gate
Into the future's undiscovered land.
—Longfellow—To a Child.*



BUILDING is only a building, brick upon brick and stone upon stone. But, if within the building are little children, the structure comes to life. It begins to have a meaning, and like a rippling brook it sings a little song. So it is with schools and institutions and so it is with any man's home.

This is the story of a building, but a building throbbing with life. This also is the story of little children, and they have an appeal none may resist. Come then to this building, to a place conceived by God and placed in the heart of a benevolent man ~ ~

What is this place, you say. Is it a church? No, it is not a church, but is of the Church. It is an institution—the gift of a lonely, childless man, but one much loved by the people of the city in which he lives and works.

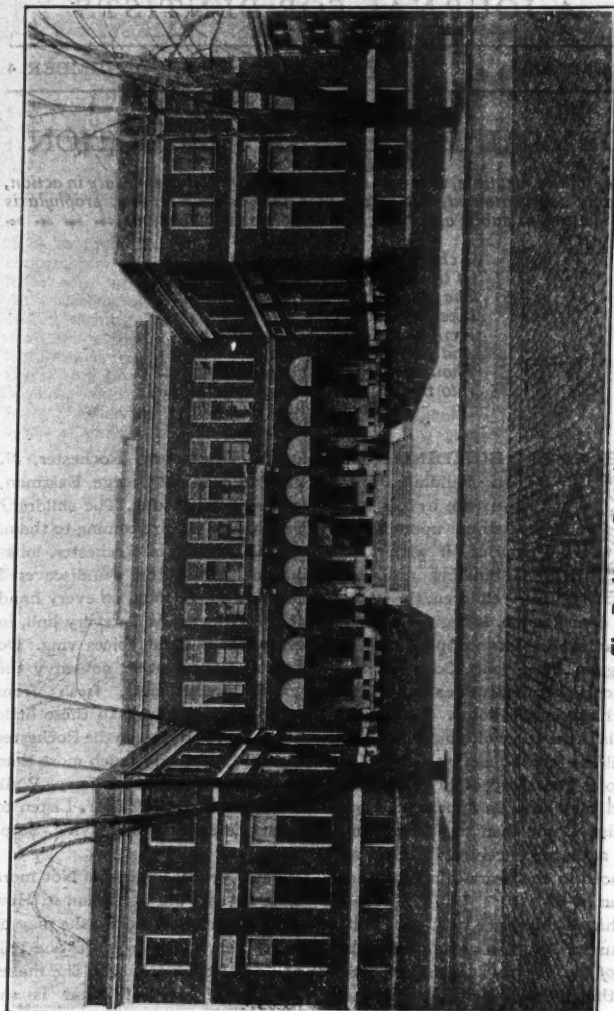
¶ The institution is the Rochester

Dental Dispensary, Rochester, N. Y. The man is George Eastman, father of the Kodak. The children? Be patient—we are coming to them.

¶ The children of Rochester, looking into "the future's undiscovered land." You see them on every hand at the Dispensary. In every hall, in every room their voices ring. Do you, O busy dentist, not envy the young practitioners, fresh from school, who minister to these little ones? Do you not see in the Rochester Dental Dispensary much more than the material side of dentistry? Walk down the Infirmary floor. Listen to what the children are saying. Stop! This chair will do.

What a pretty little girl! Not more than 8 years old at the most. How timid she is; how fearful she may be hurt. Yet, she is trustful. She tells the dentist her troubles. She makes him smile. Listen! What is she saying? ~ ~

"Doctor, please take away my toothache. It hurts, way up in the



The Rochester Dental Dispensary

meat. And I did n't sleep a wink last night. My little sister—she was so cross. I guess I kept her awake, too."

¶ The dentist asks: "Do you use a toothbrush, Mary?" "I did, sir," she replies, "until the boarder moved away and took it with him." Or, she says: "I had one until sister borrowed it so she could black her shoes."

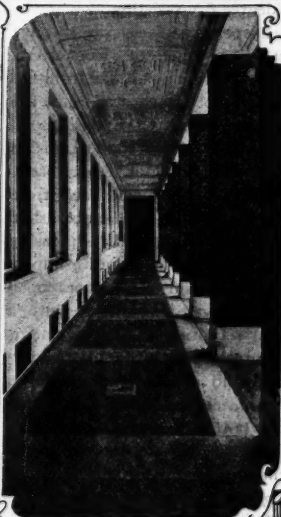
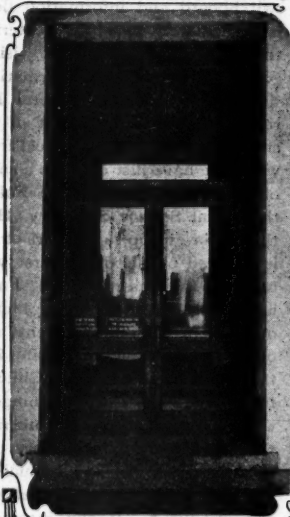
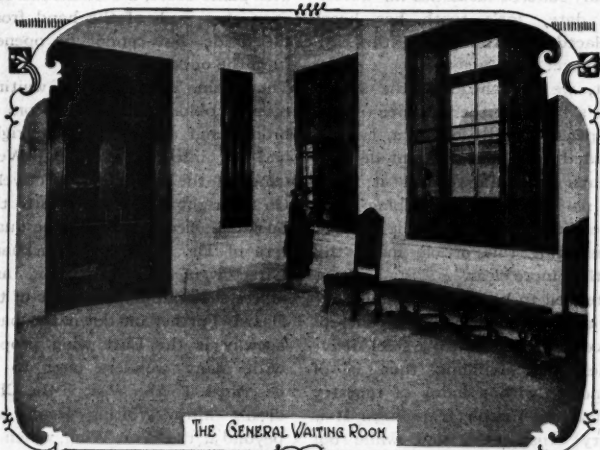
There are from 30 to 32 dentists working in this big clinic—working under ideal conditions—with perfect light and the best equipment money can buy. Nowhere is better dental work performed, and it costs the children but five cents a visit. Here the lives of many little ones are changed for, with clean mouths and straightened teeth, they go

forth through "the mysterious gate" into the busy world with strength and confidence.

And who is this husky lad of 14—this typical American boy of Irish parentage? Ask any dentist on the floor. He can tell you. The lad is Joe McCabe of St. Mary's Orphan Asylum. His case has been a never-ending source of amusement and interest. Joe's teeth are splendid, but he loves to fight. He's cock o' the walk at St. Mary's and what 's a tooth to a lively boy. Joe, be it known, has an upper central incisor that will not stay in place. First, it was knocked out while he was playing tag. He visited the Dispensary and had it replaced. Then Joe had a glorious fight. Out



Joe McCabe, Cock o' the walk at St. Mary's Orphan Asylum, as he looked on one of the days he called at the dispensary to have an upper incisor replaced. Through fights, games and ordinary "boy stuff," Joe has knocked out the same tooth five times, and the end is not yet.



came the tooth again, but the enemy suffered casualties far worse. To date, Joe's tooth has been replaced five times, and the end is not yet.

But, we are ahead of the story. Let's begin at the entrance of the Dispensary and follow a typical child through the different departments. And while we are at it, there is no harm in describing this splendid building itself. The pictures illustrating this article make the outline more clear.

Intended to be of steel frame construction, the war made concrete necessary, due to slow steel deliveries. The building then is of concrete with a lining of tapestry brick and marble trimmings. It is very ornamental, and while not intended to be fireproof, it is to a high degree fire-resisting.

The Dispensary faces on a busy street, near one of Rochester's high schools and not so far from the University of Rochester and the new Young Men's Christian Association building, also made possible through Mr. Eastman's generosity. The building sets well back from the street, and has been embellished with flower beds and a pleasing lawn. The entrance is quite imposing. Bronze and glass doors open into a hallway and thence into a general reception room. Beyond is the central office, a bureau of information and a telephone exchange, the nerve center of the institution.

¶ On both sides of the entrance hallway are bronze tablets telling of the beneficence of Mr. Eastman and giving the names of the officers and board of directors of the institution. This entrance is the only one available. Every one entering the building, including members of

the staff, must use it. Exits, equipped with panic doors, are numerous. All open at a push of the hand from the inside, but cannot be opened from the outside.

The main reception or waiting room is oblong in shape. Doors of bronze and glass lead from right and left into the East and West wings of the building respectively. On the right is the entrance to the business offices, including the quarters of Dr. Harvey J. Burkhart, Director of the institution, and offices set aside for members of the Board. Farther on down the passageway is the East wing proper, with many wonders later to be described. To the West is the Children's Main Waiting Room and beyond it the West Wing, which we shall presently visit. The telephone switchboard and information desk is immediately seen upon entering the building and there the visitor goes for necessary information.

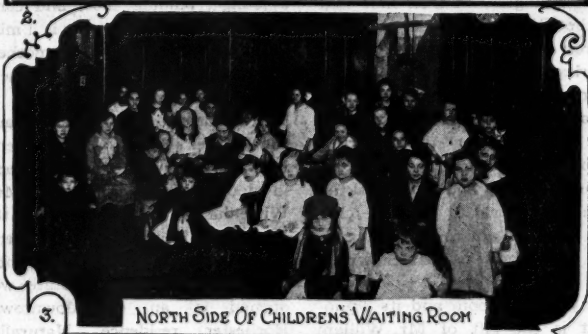
¶ Opening from the General Reception Room, to the right of the entrance, and facing the street from which we have just come, is a small office used by Miss Beulah Fuller, the Social Service Secretary. Here the boy or girl up to 16 years of age is directed on his or her first visit to the Dispensary. Miss Fuller investigates each applicant, finding out the income of the parents and other details, sometimes going into the homes for information. Children from homes where the earnings of the parents and other members of the family do not total more than \$5 a week for each individual are entitled to receive the benefits of the institution. If the income is more than \$5 a week to each individual, the applicant is rejected and must employ a regular practitioner.



SOUTH SIDE OF CHILDREN'S WAITING ROOM



SECTION OF CHILDREN'S WAITING ROOM



NORTH SIDE OF CHILDREN'S WAITING ROOM

Children accepted for treatment are charged five cents a treatment, but this does not prevent those in absolute want from having work done.

¶ The object of the small charge, as Miss Fuller will explain, is to teach a child that the service is worth having, to preserve his self-respect and, most of all, to avoid the semblance of anything that would partake of pauperism. Under this plan every child is on the same level and feels no reluctance about accepting the benefits of the Dispensary. ••

After the Social Service Secretary is assured that a child is deserving, the little one is given credentials, which in turn are presented at a receiving desk on the Infirmary floor. The little patients, once past this ordeal, are ushered into the Children's Waiting Room on the West and to the left of the General Waiting Room. There they wait their turn. As rapidly as the dentists in the Infirmary become idle, and announce the fact with electric call bells, the children are sent upstairs for treatment, and so the work goes on all day.

Little strangers, on their first visit to the Dispensary, find much to interest them. Immediately upon entering the Children's Waiting Room their attention is attracted by an ornamental aviary or bird cage inhabited by gaily colored feathered creatures. There are canaries, finches and other beauties of the bird world to keep the children occupied, not to speak of juvenile books and magazines within easy reach.

The Waiting Room and its equipment is the gift of Mr. William Bausch, of Bausch & Lomb, Rochester. The room is wainscoted up to

about ten feet in oak, and the oak panels are fancifully decorated with hand-carved birds and animals. The furnishings, including the base of aviary, also are of oak. Above the wainscoting is a hand-painted border, the work of Clifford Ulp of Rochester, illustrating Mother Goose rhymes, Old Mother Hubbard, Old King Cole, Little Jack Horner, and other nursery favorites all have a place. Bookcases jog from different parts of the room, furnished with publications suitable to the young. To one side is a cloak-room with an attendant, where wraps, caps and umbrellas are left. In a corner is a bubble drinking fountain, while separate wash rooms for boys and girls are easy of access. In this beautiful room is to be found the master clock of the institution, which controls the timepieces found in nearly every room in the building. The telephone and information desk also opens into the children's room. The floor is covered with battleship linoleum. ••

Off the Children's Waiting Room is one for nurses and mothers. Every convenience is provided, including a lounge, reading table and comfortable chairs. In a recess is a miniature gas stove, where mothers accompanied by babies can heat milk and other material.

The children's Waiting Room and the Mother's Room is in charge of Mrs. Margaret Wittenhall, a veteran in dental dispensary work. Mrs. Wittenhall was employed by the Rochester Dental Society several years ago when the first free dental dispensary in the United States was opened in an old downtown, Rochester residence. Naturally, when the Eastman building became available, a place was found for her.



INFORMATION DESK AND TELEPHONE EXCHANGE



RECEIVING
DESK



MISS BEULAH FULLER

¶ To return to the waiting child; the youngster in due time receives notice to proceed to the Infirmary and goes up two flights of steps to the receiving desk. The stairs are worth notice in passing, being of stone with teakwood inserts. Teakwood comes from the Far East and because of the war is practically unobtainable at the present time, as well as exceedingly high in price. The stairs are easily kept clean and do not tire the feet.

Arriving at the receiving desk, just outside the Infirmary door, the child presents its credentials and pays its five cents. The little patient then is assigned to a dentist. After the first visit most children find their way with little or no assistance.

¶ The General Infirmary is in charge of Dr. H. O. Brown, University of Buffalo, 1913, who has the title of superintendent. Dr. Brown's time is taken up in consultation, and he performs operations found difficult by newly graduated dentists. Every kind of dental work is done here, except that requiring gold, as bridgework. Some cases call for highest skill, including those where cleft palate is the problem. Three such cases are in course of treatment as this is written. One is that of a girl 13 years old. The case is peculiar in that the cleft extends clear through to the labial surface. An impression was taken and a soft rubber velum made, with a plate to hold it in place, and the whole fastened to the teeth with Roche attachments. The child now talks fairly well and is improving in speech each week. To date she has made about ten visits, paying approximately fifty cents, with carefare perhaps added. In return she has received from \$500 to \$1,000

worth of treatment, depending upon the fees asked by different practicing dentists.

Porcelain crown work, with quite a few inlays, go to make up a week at the Dispensary, as well as the re-plantation of teeth knocked from place. Mouth conditions of every description are encountered and the young dentists attached to the Infirmary, known as Internes, profit by a range of experience gleaned from 200 to 300 cases a day. A new condition frequently calls for an examination by each member of the staff. Each dentist is given an opportunity thus for study and enjoys the equivalent of a post-graduate course, one hardly to be duplicated in any dental college in the land.

The General Infirmary itself is a most imposing room. Twelve big windows furnish ample light. The floor is covered with battleship linoleum. Thirty-two Ritter chairs and dental units, especially devised for the clinic, and containing every contrivance, are at hand. The equipment includes fountain spittoon, operating table, engine, switchboard, full set of instruments, including compressed air, call bells to announce dentist is ready for another patient, spray bottle heater and milliamperemeter for ionization. There also is a medicine cabinet for each dentist and individual wash basins, with hot and cold water. The equipment was the gift of the daughters of the late Frank Ritter, as a memorial.

¶ Beneath the floor of the Infirmary is a space some three feet in depth, called the pipe gallery. This on a passageway on the Mezzanine floor, just below the clinic. In the pipe gallery is all of the plumbing

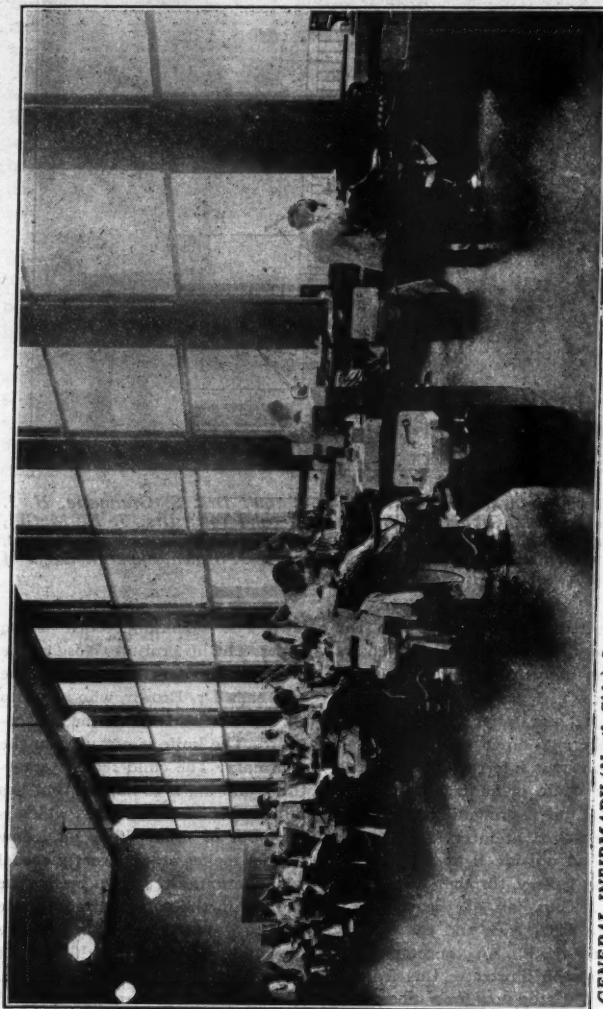


Group of Internes.—Left to right, front row: Drs. S. Grannette, H. J. Winters, C. L. Gibbin, H. B. Levin; second row: Drs. J. H. McGill, Victor Adams, P. J. Holt; third row: Drs. F. W. Stockton, F. B. Weaver, J. C. Green, H. J. Jones; back row: Dr. H. O. Brown, Superintendent of Infirmary, and Dr. E. Stowell.

connected with the chairs in the Infirmary. In due time 60 chairs will be in operation, and the plumbing now is in place for them. Thus, when repairs become necessary, the plumbers go direct to the pipe gallery without interrupting the work in the clinic, or finding it necessary to tear up flooring. Electric lights are installed at intervals of a few feet and outside light is admitted to the gallery through small windows. Thus, all of the piping is within easy reach and can quickly be repaired. An accompanying photograph illustrates this feature.

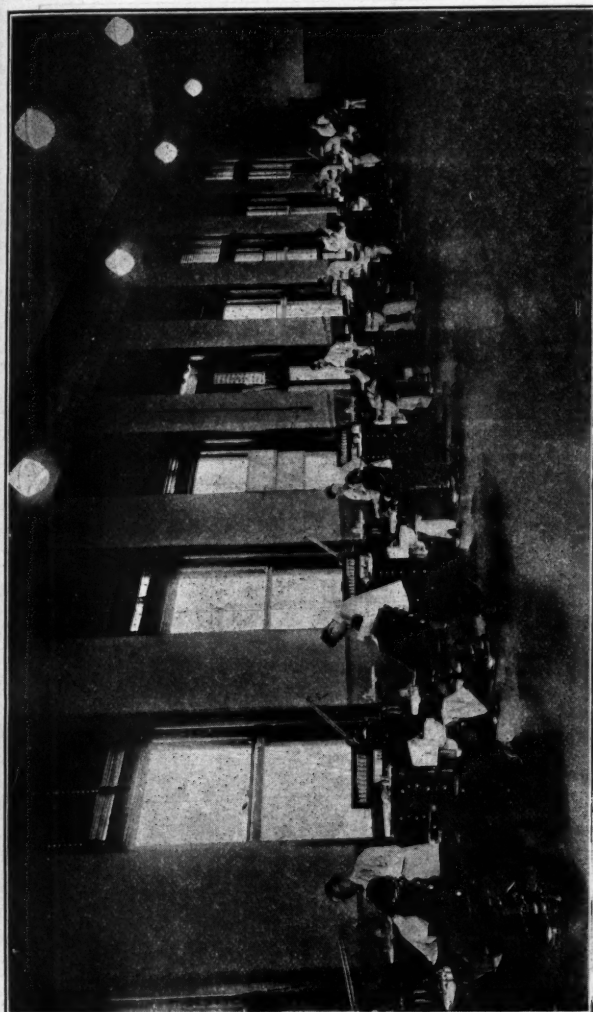
¶ Let us stop now for a moment to watch the treatment of a pus case in the Infirmary. The patient, a 12 year old girl, has a badly swollen

jaw. The offending tooth is an upper. The lip protudes close to the nose. The dentist handling the case calls Dr. Brown, who attaches an electric cautery to the switch-board. The knife is not used in the Infirmary. The child realizes something unusual is to happen, but has no thought of the cautery, which is kept out of sight. While his fellow dentist makes an apparently casual examination, Dr. Brown inserts the cautery in the patient's mouth. He presses a button and the cautery glows to white heat. In the flash of an eye the operation is completed. The white-hot steel is pressed against the pus bag and as quickly withdrawn. There is a slight stab of pain. That is all. The pus drains

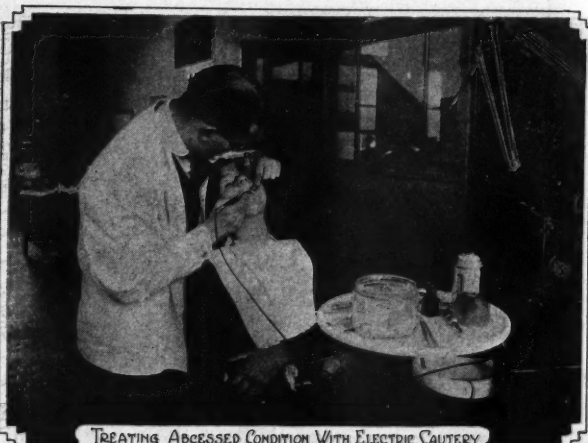


GENERAL INFIRMARY (North Side) Internes are, left to right, front row: Drs. Tinsman, H. J. Winters, W. R. Trolley, M. J. Abare, J. L. Fitch, C. H. Case, L. G. Marsh, H. B. Levin; second row: Drs. W. S. Bell, R. E. Buck, A. E. Connelly, Pearl Marquand, H. J. Jones, R. J. Reilly, Frank A. Dillon, F. W. Stockton.

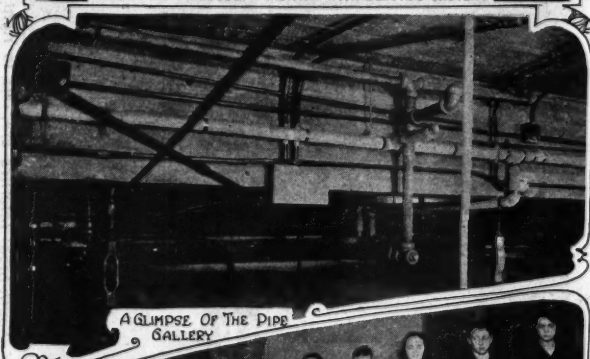
Trolley, M. J. Abare, J. L. Fitch, C. H. Case, L. G. Marah, H. B. Levin; second row: Drs. W. S. Bell, R. E. Buck, A. E. Connelly, Pearl Marquardt, H. J. Jones, R. J. Reilly, Frank A. Dillon, F. W. Stockton.



GENERAL INFIRMARY (South Side) Internes are, left to right: Drs. E. J. Stowell, C. L. Gibbon, J. H. McGill, D. J. Coakley, P. J. Holt, F. B. Weaver, Victor Adams, J. C. Green, E. J. Pammenter.



TREATING ABCESSSED CONDITION WITH ELECTRIC CAUTERY



A GLIMPSE OF THE PIPE GALLERY



A LINE UP OF CHILDREN

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rapidly and the incision remains open for from two to three days. It is seldom necessary to repeat the operation, whereas with the old-time knife it is sometimes necessary to open a pus bag from two to three times before it is fully drained. Using the electric cautery, the edges of the incision are seared and do not heal for some time. Thus, the pus drains freely, and the swelling reduces rapidly, so that the ailing tooth can be reached and brought to time.

At the Forsyth Dispensary in Boston all instruments are sent to a general sterilizing room and a new set issued for each operation. At the Rochester Dental Dispensary one set of instruments is issued to each operator and he is responsible for them. An individual sterilizer is part of each man's outfit. Here also, the disposition of soiled linen is an easy matter. It is tossed into a chute and descends to a laundry room in the basement.

To be superintendent of an Infirmary like that of the Rochester Dental Dispensary is no easy task. It requires ceaseless tact in dealing both with patients and dentists. Mothers of children using the clinic form a problem in themselves; one calling for Wilsonian diplomacy. Alien women and their children are perhaps hardest of all to handle. Those with several little ones are greatly inconvenienced by repeated trips to the Dispensary, and a good percentage of such mothers do not

understand the value of clean teeth. Thus, the benefits the children are receiving, to them seem a waste of time.

Here is a typical letter sent Dr. Brown by a typical mother.

Please pull off those rotten teeth that she got. Because it is so far I can't send her down all the time. Please try to finish the work today because I am not going to sent her down no more because school going to start.

Another mother wrote in:

Will you please finished the three children up so soon as you can because I cannot come up here with them many more times because my sister that watches the baby of 3 mo. old and the other 2 yrs. old cannot come over much longer because her husband is sick and she wont have no time.

Some of the letters are rather smile-compelling:

Will you please pull the tooth in the upper left hand corner as it has troubled William very much.

And this:

Will you please pull Lawrence's front tooth because his second one is coming in crooked you can see it underneath. Don't let him know what is in this note. But go right to it and pull it because you could n't do nothing with him if he knew you were going to pull it.

Dr. Brown's corps of assistants in the General Infirmary all are recent college graduates. They include:

¶ Drs. W. S. Bell, R. E. Buck, Chester Forkel, W. J. Goude, A. E. Connolly, A. E. Johnson, H. J. Jones, R. J. Reilly, Frank A. Dillon, F. W. Stockton, S. Grannetts, F. B. Weaver, H. J. Winters, William R. Trolley, M. J. Abare, J. L. Finch, C. H. Case, L. G. Morah, H. B. Levin, E. J. Pammenter, Hartwell Tompkins, J. C. Green, Victor Adams, G. M. James, Jr., P. J. Holt, D. J. Coakley, James H. McGill, C. L. Gibbin, E. Stowell, Clementine Fader and Eleberta Rosa.

Next month the Orthodontia Department and many other features of the Rochester Dental Dispensary, including prophylactic work in the schools and institutions of Rochester, will be described in a continuation of this article. There will be many illustrations

REFLECTIONS OF A DENTAL HYGIENIST

MABEL V. FRENCH

Miss French is a graduate of the School for Dental Hygienists of the Rochester Dental Dispensary.



HERE are three phases of work that a dental Hygienist may enter:

1. Practice association with a dentist.
2. Schools and institutional work.

3. Public work; social service clubs.

¶ Of the three the second course is the only one, it seems, which will solve the great problem of preventive dentistry.

It has been proven that at least 90 per cent of the children in our public schools have diseased teeth and unsanitary mouths. In a few years these children will be the men and women of the day. The condition of their mouths, unless reparative measures are taken, will not improve with time.

It is here that the Dental Hygienist steps in and paves the way for sound teeth and better health in early manhood and womanhood.

¶ No scientific report can yet be made of the work done in the Rochester Dental Dispensary and the public and parochial schools of Rochester, N. Y., in the last year and a half.

Here, up to January, 1919, every school has been visited three times by the corps of Dental Hygienists employed to do the prophylactic work and a fairly encouraging improvement can be seen. During the first year more than 6000 children received treatment at the Rochester Dental Dispensary, which

is quite remarkable for so new a movement. More than 75,000 have received prophylactic treatment.

¶ Lectures are given every few months on the care of the teeth, the methods and reasons for brushing them. But here, it seems, lies the trouble. About 10 per cent of the children examined use a tooth brush. When asked why they do not use one—they laugh, squirm around and say they have not had the time, or they forget to do it. They promise to brush them faithfully after they have had them cleaned, but the next time we come, we see at a glance they have not kept the promise. We appeal to their sense of beauty and love of a healthy vigorous body. We try to explain the structure of the tooth and reasons for decay. I will not say we talk "over their heads," but with the majority this method goes in "one ear and out the other." They do not practice what we preach. They welcome the lecturer and the hygienist. She takes up time otherwise spent in the classroom. The children do not yet realize the importance of a clean tooth.

What then will make these children see that "a clean tooth never decays?"

Competition which borders on compulsion is the only method which will ever bring results. Telling children why they should brush their teeth will not do. When they learn it is as necessary to come to school with clean mouths as with

clean hands, clothing and prepared lessons, they will be ready to listen to the reasons why they should care for their teeth.

With the younger children just entering school, competition will lead to the habit of brushing the teeth daily, and the habit once formed will remain. It is the younger children in particular upon whom we must rely to prove in later years

the value of our work along prophylactic lines.

It seems then that the Hygienist should have the cooperation of the teacher in training the child in this important factor in oral hygiene. Unless the children learn to brush their teeth daily, the aim of the Hygienist will not have reached the high standard of efficiency set for it by its advocates.

IMPRESSIONS IN MODELING COMPOUND FOR CLASS IV CASES

CLARE A. HOWLAND, D. D. S., Rochester, N. Y.

Our readers should be interested in this description, which goes into detail of the new model impression method.

SO many capable writers are covering the subject of modern impression methods that it seems unnecessary to touch upon such methods for ordinary cases, but to satisfy the query as to whether these methods embody a system or a means of disposing of the difficult cases is the purpose of presenting this subject.

¶ For those who may not be familiar with the classification of edentulous mouths, as compiled by Mr. Samuel G. Supplee, an understanding of these mouths of inestimable value may be obtained by its perusal, as it is the only classification we have today which covers the field in anything like an exhaustive manner. This classification appeals to the writer as being just as important to the prosthodontist as the Angle classification of malocclusion is to the orthodontist, and it serves a similar purpose in that it makes

accurate diagnosis possible and practical.

¶ Classes I and II usually offer no particular difficulties whether taken in plaster or modeling compound, or in a combination of these materials, but classes III and IV need a very definite technique, and in the writer's experience, can be much more satisfactorily taken in modeling compound, employing the Green-Supplee technique. Exact length of the impression and consequently of the denture and a proper degree of compression or of relief of the palatal tissues, depending upon whether these tissues are soft or resilient, are necessary in class III, while the process pursued in class IV is somewhat more intricate.

¶ Class IV is the mouth showing excessive resorption of the process—noticeably is the anterior portion of the mouth—associated with a varying degree of flabbiness of the gum tissue, occasionally so marked as to appear almost like a second lip. ¶ Frequently this condition will

appear in divided areas, almost so as to resemble a cluster of grapes, so marked is the division between these bunches of excessively soft tissue. A soft—not resilient spot—on either side of the median line in the posterior third is always found associated with class IV. These spots only add to the difficulty of the case as ordinarily taken in plaster or compound, and these materials as usually employed, cannot be depended upon for any degree of accuracy for this particular type of case; but, with correct technique with modeling compound, these cases yield so readily as to comprise some of the most satisfactory undertaken. ♪ ♪

¶ Picture, if you can, a pronounced class IV case with this flabby tissue mass in front and a large area of soft tissue on each side in the posterior palatal third of the mouth. Any attempt, no matter how careful, with plaster or compound as ordinarily used will displace this anterior area upwards, giving a distorted impression. We frequently hear a method advised to overcome this distortion by trimming the cast and building up a ridge with cement or plaster. This is an improvement over simply trimming the cast, but still very empirical and only guess work at best, and it completely ignores the presence of palatal soft tissue.

¶ When this flabby mass of tissue is displaced upwards it shows the natural tendency to rebound backwards and downwards when once the pressure holding it is released. The denture when inserted exerts less pressure than did the impression and this rebound tends to dislodge the plate. Now, if this same flabby mass is compressed backwards and

downwards to a degree, the natural rebound carries it towards the front and upwards. This materially aids in the retention of the denture and is taken advantage of in the Supplee technique. (I say "Supplee" advisedly, because I believe Dr. Greene never adapted his process to this class of case—at least I am familiar with no published article dealing with it.)

¶ The class IV case requires, first of all, accurate diagnosis, for occasionally this class borders on class III. After the diagnosis the first requisite is an accurately fitted tray. This tray must have the labial flange removed to such an extent that it will not impinge upon the flabby area. The length of the tray is important, as it must carry the impression material back to the soft palate. ♪ ♪

As good a base impression as possible should now be taken, making the attempt to force the compound against the flabby area and slightly downwards, and the first of the muscle trimming can be done at this stage. The bite block is now attached to the impression tray and the bite taken, observing particular care to so trim the block, or rim, that only the extreme tips of the cusps of the lower posterior teeth show. The imprints of the anterior teeth may with advantage be left slightly deeper. The imprints of the posteriors are so trimmed to insure a ready closing without a sliding to place, as would occur if they were deeper. The slightly deeper imprints of the anteriors tend to hold the impression from sliding forward when the lowers are closed against the bite rim.

The labial portion of the impression is now cut away to the full extent of

the soft area, as indicated previously by the removal of the flange of the tray. This allows an unobstructed view of the area we wish to compress—and that it needs compression is evidenced by the position it now occupies in the impression. It frequently will be so distorted and strained as to show a blanched appearance and will occasionally be quite painful to the patient, owing to compression of the tissues overlying the anterior palatine foramina which conduct blood vessels and nerve fibres to this portion of the palate.

With a sharp scraper relieve all around this area until the flap assumes its natural, or unstrained appearance. Too much relief is far preferable to insufficient relief. When this operation has been accomplished—and it is worthy of considerable time and attention—heat the impression palatally over the flame back of this relieved portion. Heat deeply and set aside while a roll of compound to the labial aspect of the impression is being prepared. Heat this roll over the flame and add to the impression. Quickly insert the impression into the mouth and require the patient to close to hold it in place. Now, by pressure high up under the lip, adapt this new roll to the ridge, and as it assumes the molding stage, exert considerable pressure. This forces the flap backwards and it is compressed into the previously warmed area of the impression under the ridge. So now we have accomplished the desirable compression backwards and downwards.

The impression at this stage will probably show only slight adhesion. This is corrected, when the palatal soft areas are displaced by the addition of new compound. This step is accomplished by dry heating compound from a stick of this material and adding it on each side of the median line in the posterior third and slightly over the tuberosities. While this new compound is in a flowing condition the impression is carried into the mouth and held in place only in the region of the front teeth, allowing the impression to stand away from the palate towards the back. Now require the patient to close quickly and drive the impression up to place.

¶ The length of the impression in class IV is very important, for it is by length and close palatal adaption that compensation for upward movement of the anterior portion of the plate during use is made. Other elements being correct in the impression, a marked yielding of the plate in front without breaking adhesion is possible if correct length and close adaptation has been secured on the posterior border. The impression must extend into the stationary soft palate and cover it to its full extent.

I have assumed that my readers are more or less familiar with modeling compound technique and have not gone into exhaustive detail in this respect, but have tried, making no claim whatever for originality, to present this class IV technique in the same way that it has been of inestimable value to me in my practice.



A REPORT OF THE DENTAL CLINICS OF NORTHAMPTON, MASS.

Here is a very interesting article received from the director of the Northampton, Mass., Dental Dispensary. The writer is so modest he neglected to attach his name, the article being forwarded by the Florence Mfg. Co. Dentists interested in the foundation of new dispensaries will find much in this article on which to build.

RECOGNITION by the state of the appalling prevalence of dental defects and the realization of their influence on the physical and mental efficiency of school children, established the necessity of urgent attention to the question of having dental inspection in the public schools.

"We have had medical inspection, why not dental inspection?" was asked.

And so, through the personal interest of members of the school staff, it was made possible for Northampton to be known as the "Clean Tooth Town," of Massachusetts. Through our Superintendent of Schools—Mr. Congdon; Principal Janes and William Cordes, general manager of the Florence Mfg. Company, Northampton can boast of two beautifully equipped clinic rooms.

In March, 1917, we started the inspection. A thorough examination was made of each child's mouth—a detailed record made and tabulated. We found that of the 2400 children examined, about 97 per cent were in need of dental attention. In June, 1917, the clinic rooms were in readiness for operative work.

We selected cases which seemed to us the most urgent. Among them, that of a child of 6 years, suffering from five abscesses, the pus oozing

into her mouth; another, a girl of 12 years, with every permanent tooth decayed. Two of the 6-year molars were abscessed, and too far gone to be saved. There were many other interesting cases, but I will not take the time to cite them.

Our first aim is to win the confidence of the children; instruct them as to the great importance of keeping the mouth clean; impress upon their minds the relation of "teeth to health;" give the teeth a prophylactic treatment; treat or extract any teeth needing immediate attention; then put them on probation for a week. At the end of that time, they come in, by appointment, and if the teeth show that proper care has been given, they can have a cavity filled. Without exception, every child has been willing to keep the next appointment.

It is quite remarkable how well they understand and appreciate what we are trying to do for them.

Of course there are timid children—in fact great tact has to be used in working with them—but when you realize you have the making of a good or a bad patient for some future dentist, (for I believe that the children we work for will continue throughout their lives to have their teeth cared for) it is a work that has to be very carefully considered.

It was deemed advisable to confine the work to indigent children. In so doing the co-operation of principals

and teachers have been most helpful.

¶ Any child suffering from toothache is sent to the clinic. He is treated and advised to go to the family dentist, if the parent can afford to pay. There are some days when most of the time is taken up with emergency cases.

The dental clinic has been greatly appreciated by mothers. One mother of five told me she had not known what it was to have a night's rest, because first one and then another child would be crying with a toothache. It has been very gratifying to me when making home calls, to find the parents pleased with the treatment given their children.

One mother told me that if her little girl goes to bed without brushing her teeth, she is sure to remember it and hop out of bed, and insist upon brushing them, because we have told her she must do it.

There is not a clinic in the United States better equipped than our clinic. The very best of material is used, and the same care given as though the highest prices were being charged.

Every effort is used in the treatment of six year molars and of the great number of teeth extracted, very few are permanent teeth. It is the aim of the clinic to have each school receive an equal amount of attention. The Sacred Heart and St. Michael's school receive their share of attention. And the children keep their appointments very well, too.

What surprised us was that during the summer vacation the children were just as willing to come as during school hours. Along the line of follow up work, we find the children are willing to come once in three or four months to have their teeth

examined. In most cases they are taking excellent care of their teeth.

¶ We cannot do as much along this line as we would like to because there are so many grades to be cared for. I would suggest that if it could be made possible that the first to sixth grades be cared for, that is, if we are to work along preventive lines, not reparative. In that way greater success would be assured. Because, if you start caring for a child's teeth at the age of six, you are pretty sure he will never have to have as great an amount of work done at a time. In that way more children can receive the benefit of the school clinic.

We did not start to keep a record of the number of appointments made each day until September, 1917, but since that time we have made 1998. Have given 1697 treatments, such as devitalization of pulps; treatments of abscesses; treatments of putrescent pulps; treatments of canker, etc. We have put in 780 fillings, mostly of silver and enamel, a small number of guttapercha and red copper cement fillings; 283 prophylactic treatments have been given; 916 teeth have been extracted, mostly temporary teeth; 942 home calls have been made. We have worked for 213 children receiving in Florence and 321 in the center, making a total of 534 children receiving attention. The Hawley Grammar Clinic is open Tuesday, Thursday and Friday for three hours each A. M. Florence Grammar Clinic is open Monday and Wednesday A. M. for the same length of time.

¶ Some one has said, "that to uplift we must get underneath," and to do that, "we must get down among the weakness of humanity."

¶ If our boys and girls are to carry

on the fight for world democracy, they must be equipped with a healthy body and mind. No child can become an efficient scholar, who is suffering from badly decayed, broken-down teeth and an unclean

mouth. Knowing that the boys and girls of today become the men and women of tomorrow, we must prepare them to be ready for the great responsibility which rests upon their shoulders.

THE WORLD'S CHAMPION JOY-KILLER

JOHN PHILIP ERWIN, D. D. S., Perkasié, Pa.

"Oh, how I hate to get up in the morning!" must have been conceived in March, when the snow lay deep and the thermometer registered inches below.—Author's note.



HE deep, hidden difference between work and play is "Must." Tom Sawyer proved it. When his exacting aunt ordered him to whitewash the back fence, work stared him in the face. When Huckleberry Finn and the gang bought the privilege of whitewashing, then the task melted sweetly into play.

A solicitous mother asked what I would advise that her son choose as his life work. I immediately replied: "That calling which entails the least "Must."

Why? Because, "Must," is the world's champion joy-killer.

The Grand Army of Labor know this to be true. Daily, they experience the compelling power of "Must." When Big Ben calls they've got to get up. They must report at 8 a. m., must work until 5 p. m., must obey rigid rules, must accept wages set by employer, must remain the sons of Martha. "Must" is the tyrant cootie in the social body, which causes labor strikes and breeds Bolshevism. And the G. A. L. fast is finding it out.

The employer also doffs his hat to this champion. For him, there is the "Must" of credit, competition, efficiency, losses, profits and labor; but the most compelling of these is labor.

¶ To illustrate: Thirty years ago my father RAN a furniture factory; did a big business; coined money. But he ran until the "Nights" of Labor, then in style, demanded a liberal share of the profits. Father gave—and argued. They struck. Once, twice, thrice they jabbed that fair young business below the belt. It wobbled in the knees. Soon it could not stand, let alone run. After repeated sleepless 'night-mares, father threw up the sponge and hung out crepe. The funeral was a sad but glorious success. When the gallant Knights, on bended knees, begged for mercy and for work, father, like the immortal Raven, swore; yes sir, swore. And after that oath, never again did he employ labor.

There are those who contend that regular rules induce good habits, vigorous health and abundant contentment; that a stated salary promotes sane and safe expenditures; that most men need to be governed; that, "Must" is an exhilarating tonic for all society.

This, I grant to be partly true. But I prefer to govern my earthly existence by routine rather than by rule. There is no obstacle to prevent any one from conforming life to efficient routine. In fact, every one, striving for golden apples should form and follow methodical rules.

¶ There is a marked difference between rule and routine which we do well to note. Fernald says: "A rule is prescribed by some authority, or by one's own will. Routine is the doing of customary acts in a regular and uniform sequence."

Thus, we speak of rules in the shop, the rules of the boss, and the routine of business, the routine of dental practice. Rule drives straight over the stubble-field. Routine leads gracefully around it. Rule is a harsh master. Routine a charming caretaker. In brief, routine is rule minus the joy-killer, "Must."

▶ The son of the solicitious mother now is a dentist. The fact which won both mother and son was that the dentist enjoys a wholesome freedom given to but few.

DRUG ADDICTION

A. A. BLOEDORN, A. M., M. D., Lieut. Commander M. C., U. S. Navy

We are indebted to The Journal of the American Medical Association for this article, which discusses a subject of great interest to the medical and dental professions. The drug problem is attracting more and more attention. In Chicago recently, a drug addict suggested to the Board of Health that a convention of Narcotic Users be called and that they be permitted to take part in discussing ways and means to alleviate the evil. He said such men and women would come quickly if promised the police would not interfere with the individuals after the meeting. Dr. John Dill Robertson, Chicago Commissioner of Health, now has the matter under advisement. He announced recently that the plan might be tried out.



THE subject of drug addiction has come to occupy a place of considerable importance, not only in civil life but in the military and naval service as well, and constant efforts are being made to reclaim the derelicts and to prevent the spread of the habit.

In this campaign, the importance of an early and positive diagnosis of drug addiction cannot be overestimated. The addict is regarded, and rightly, as being untrustworthy, unreliable and as a particularly dangerous person to engage in any hazardous occupation. His participation in any naval or military

undertaking would expose others as well as himself to the possibility of serious consequences.

From the standpoint of the prophylaxis of drug addiction, the addict himself is responsible for enlisting many recruits. ▶ This tendency to spread the habit is believed to be more prevalent than is generally recognized. In some cases it takes the form of active work in encouraging the use of drugs. There are two reasons for this activity: first, the financial gain derived from bringing in new recruits and selling them the drug, and second, the desire on the part of many addicts for company. The majority of addicts have friends or acquaintances who themselves take

the drug. Many of them state that they patronize so-called "clubs" where they indulge in their favorite drug. Investigation of these places reveals merely a room, badly furnished and ill kept, where the habitues may drop in at odd times of the day or night and relieve themselves by taking a "jab," a "sniff" or a "smoke." These places serve to keep the knowledge of drug addiction from their employers and in many cases from even their immediate family. They also allow the addict quietly to sleep off the effects of a large dose, which he may have felt he needed, without being disturbed.

A large percentage of addicts begin the use of drugs while still minors, and it is during this susceptible period of youth that contact with drug habitues is particularly dangerous. A drug addict should be regarded as a focus of infection who through contact with susceptible individuals serves to spread the habit. The average person is unable to secure drugs on his own initiative, but once his circle of acquaintances enlarges so as to include some member of this large army of non-effectives, he finds habit-forming drugs within easy reach as long as he can produce the price. The addict finds that he does well to cooperate with the distributor, and almost never will give evidence or information that discloses the source of supply. As he becomes more confirmed in the use of the drug, he realizes his dependence more and more; and particularly after running short a time or two and experiencing the pangs of sudden withdrawal of the drug, his chief aim in life comes to be the having on hand of a sufficient supply. Many of these addicts

will hoard the drug and keep a supply laid away against the time when they find it hard to procure. It is not uncommon to find the addict penniless and without sufficient clothing, food or shelter, but still clinging to his reserve drug supply, which represents to him the only means of escape from his mental and physical suffering. He pawns his own effects and those of his family, not excepting the kitchen stove, the family clock and his wife's wedding ring. Having exhausted all these resources he begins to look outside of his own family and to pawn the effects of other people. When reduced to this state he becomes particularly dangerous to society, and will stop at nothing to secure funds with which to purchase the drug for his relief. ¶ The early diagnosis of addiction will serve in great measure to curtail many of the evils of confirmed addiction and limit the spread of the scourge.

It is an almost certain rule that the drug habitue will endeavor to conceal the fact of his addiction. The instinct of self-preservation prompts him to guard his secret carefully. He realizes his employer no doubt would discharge him at once. His difficulties in procuring the drug would become greatly increased once it became known he was an addict. Furthermore, the fear of the law in many cases would prompt him to cover his trail by every conceivable means. In the majority of instances he realizes his own unfitness, and also that his survival depends on concealing the fact of his unfitness.

At first glance it might appear that all these efforts on his part would be useless, that his failing would be fairly easy to discover, and that the

ravages caused by his addiction would be discernible even to the layman. The average person, when speaking of drug addiction, has a mental picture, possibly inspired by some stage impersonation he has seen, of an individual more or less emaciated, with sunken cheeks, sallow complexion and marks of the needle on the arms and body, who nervously starts at the slightest sound and constantly feels himself as if to establish his own identity, who has a habit of sniffing up his nostrils, and who always carries a hypodermic syringe and the necessary ammunition in his coat pocket. While this picture may represent the habitue in many respects, particularly in the last stages of his addiction, it fails absolutely to identify the large army of drug addicts that exists in this country.

¶ The majority of our institutions to which drug addicts are admitted and cared for are not called on to establish the fact of drug addiction. In the patients turned over to them as a rule this fact has been definitely established. In the great majority of cases the diagnosis is arrived at in one or two ways. Either the victim voluntarily seeks relief from the drug, the expense of which has become a serious burden for him, or he is caught with the drug in his possession or in the act of administering it to himself.

As a matter of fact the diagnosis of drug addiction, contrary to the generally accepted belief, is one of the most difficult problems the physician has to meet. In many instances the habitue indulges in drugs for several years without even his family or associates being aware of the fact. If he is careful as to dosage and the time and place of

taking the drug, he may proceed for years and get along fairly well. In examining drug addicts at Bellevue Hospital, this fact was frequently brought out strongly. In one case the addict, after having taken heroin for two years, married, and it was not until a year and a half later that his wife discovered he was a drug addict. He stated that he never took the drug at home but went to one of the so-called "clubs" for regular doses. On one occasion he carelessly took a larger dose than usual, and returning home, was found asleep in a narcotized condition ♪ ♪

In another case, a chauffeur, employed by a physician, took heroin for six months and had no trouble. Finally he took a larger dose than usual, and while driving the car became sleepy; after he had been aroused several times his condition became evident.

A third case that illustrates this point was that of a sailor who took morphin for more than a year aboard ship and was not suspected. His supply evidently came to him diluted with lactose, as is frequently the case. Getting a fresh supply one day that was not diluted he promptly developed symptoms of acute morphinism and was discovered ♪ These cases serve to illustrate the fact that drug addicts who are careful to regulate their dosage may pursue their usual occupation for years without being discovered. To establish the diagnosis in such cases, observation over a period of time is necessary. If the addicts are carefully observed, they will almost invariably show signs that lead to a positive diagnosis.

There are two periods in the daily routine of the addict that lead to

discovery if unduly prolonged. The first period is ushered in by a feeling of slight nervousness or uneasiness which warns him it is about time for another dose. If this period is prolonged he begins to suffer more or less acutely, and cramps and muscular pains become prominent and he has the usual symptoms of sudden withdrawal of the drug. Under usual routine he never gets to this stage, as his equilibrium is reestablished by the drug. But if for any reason the supply is not forthcoming or is delayed, his predicament usually will become noticeable. The second period, during which the diagnosis is much easier, is shortly after the drug is administered and its effect is taking place.

If the addict does not measure his dose carefully, he runs the risk of getting an overdose, which frequently leads to his discovery. He becomes drowsy and even may be found asleep at some unusual hour, when his narcotized condition becomes apparent to his employer or his family. These two periods will occur in the life of every addict to a more or less degree, depending upon the skill with which he regulates the use of the drug, and will tend to become more frequent, the longer he indulges. It is during one of these periods that his condition usually is discovered. He may show no marks of a needle and may stand a most rigid examination without being detected; but when kept under observation over a period of time, he usually will show unmistakable signs. The early diagnosis of these cases and the placing of the patients under treatment is of the greatest importance to civil communities as well as to the military and naval forces of the country.

It is coming to be recognized more or less generally that the solution of the drug addiction evil does not rest on any particular specific or cure. In fact, there is no specific for the condition. It is a comparatively simple matter to get the patient to the stage at which he is taking no more drugs, but it is a much more difficult problem to keep him from backsliding. Our great effort should be along the lines of preventive medicine, and it is here that the early diagnosis of addiction again becomes important. It appears impossible to legislate drug addiction out of existence as long as the drugs themselves exist and are available. The most stringent laws legislators have been able to enact have failed in great measure to reduce this availability. The addict, better than any one else, is familiar with the process of obtaining the drug. After passing through an institution for the cure of addiction he comes out with this knowledge still in his possession. If he should meet with reverses, or suddenly be called on to face a trying situation, it is only natural he should seek an outlet by a return to the drug. If the drug were not available, it does not follow he would seek no other avenue of escape. In fact, if he feels himself unable to face the situation squarely there are several routes he might take under these circumstances. But these avenues of escape gradually are being closed, and in most cases failure to obtain the drug after having passed through an institution for relief of the habit, and after going for some time without it, would not result in serious consequences. Heroin appears to be the drug most easily obtained at present; as a result, the majority of addicts are

heroin users. Also, heroin admits of easy adulteration, requires no apparatus to take, and readily can be distributed. While heroin occupies a place of some importance in the equipment of a physician, it is by no means indispensable, and it could be discarded entirely without serious results.

Cocain and morphin are used by only a small percentage of addicts. The effects of cocain are rather violent, and the addict usually will state he lost no time in shifting to heroin as soon as he could get it. He realizes cocain is a much more dangerous drug and requires much greater care in dosage. Its effects are more frequently noticeable, and he is more liable to discovery following its use.

Morphin from the standpoint of the addict is much more desirable than cocain. It is not apt to produce the

violent reactions frequently seen after a slight overdose of cocain, and its mental effect appears better.

However, the ideal drug for the addict seems to be heroin, and we would do well to pay particular attention to this narcotic. It does not follow that if the manufacture of this drug were stopped entirely we should have the majority of addicts under control; but we should have greatly decreased the availability of habit-forming drugs and should have removed one of the worst offenders among the narcotics.

Opium and its derivatives, ever since their action were known to man, have been the great narcotics on which the individual who feels himself inadequate to face life has rested and drifted with the tide. If we dispose of heroin, it is probably from among these derivatives that substitutes will be sought.



A WAR EQUIPMENT CONTRAST

What Washington's Soldiers Had.

Flint-lock muskets.

Powder carried in horn or flask.

Hand made bullets.

Travel by foot or on horseback.

Supplies hauled by wagons over poor roads.

What food could be supplied by the country where they were camped.
Rough homespun uniforms.

What Pershing's Soldiers Had.

Repeating rifles and machine guns.

Motor trucks and railroads trains.

The telegraph and wireless.

Tanks and airplanes.

Long-range guns.

Abundance of food, and special care if sick or wounded.


Warm khaki clothing with special attention paid to well fitting shoes.

EDITORIAL

WM. W. BELCHER, D. D. S., *Editor*
186 ALEXANDER ST., ROCHESTER, N. Y.

Oral Hygiene does not publish Society Announcements, Personals or Book Reviews.
This policy is made necessary by the limited size and wide circulation of the magazine.

THE BIGGEST THING IN DENTISTRY

 T. BARNUM, were he alive and publicity agent for the Rochester Dental Dispensary, would call it *The Biggest Thing in Dentistry*. He'd advertise and bill it, until, just as all roads lead to Rome, so would dentists make a beaten path to the Flower City. And Barnum would be right.

¶ The Rochester Dental Dispensary is, in many respects, the biggest thing in dentistry. It is a three ring circus. It is so jam full and packed to the brim with lessons in love, humanity, and dentistry that many a man, could he realize the possibility to himself and his practice, would take first train to Kodak Town. And he'd take more than a peek because the institution has so many activities that it cannot be seen and assimilated in less than a week.

¶ Dentists are slaves to time. The minute-hand is their stock in trade and the hour-glass their God. Few can spare the golden days necessary for a personal visit to the Rochester Dental Dispensary. And so, the biggest thing in dentistry, beginning with this number and concluding next month, is to be brought to their very door-steps.

¶ With this issue of ORAL HYGIENE begins an article extraordinary! You cannot afford to miss this feature, once you scan the pictures.

¶ ORAL HYGIENE presents the story of the Rochester Dental Dispensary in motion, at considerable expense. No other dental magazine could afford such a display of prose and pictures.

¶ The Rochester Dental Dispensary is well worth the money, the time and the effort ORAL HYGIENE has expended to bring it wonders to every dental office in the land. In preventive dentistry is a great hope for the future; and the Rochester Dental Dispensary and its sister institution, the Forsyth Infirmary at Boston, Mass., are making this hope come true.

This work is of the greatest importance to the dental profession, and the effect eventually will be felt throughout the nation.

¶ But read you for yourself and thank the editor man.

THE DAVIS ARTICLE



HE last public word of the late Dr. Simeon H. Guilford, formerly Dean of the Philadelphia Dental College, appeared in the January number of ORAL HYGIENE. No more fitting message to the dental profession could have been devised. It was a defense of the honor and ethics of his calling, and a most beautiful way for him to round out his professional career. If Dr. Guilford had planned it—if he had known at the time that his end was near—it could not have been better done. The article will go down through the years as a splendid epitaph, as a fitting memorial to a useful life, and the response from members of the profession has been most gratifying.

¶ Dr. Guilford took to task Dr. Arthur N. Davis, an American dentist, who during fourteen years of his practice in Berlin, numbered among his patients the German Kaiser. Dr. Guilford specifically charged Dr. Davis with a breach of professional ethics, in that he sponsored a series of syndicated newspaper articles, divulging alleged confidences made to him by Wilhelm and not intended for the public ear. Since publication, these views have called forth a stream of communications from dentists in all parts of the United States—men for the most part unaware of Dr. Guilford's death—who unite in thanking him for his courageous stand.

¶ "I have read your article with a great deal of interest," writes Dr. Paul Voigt of Philadelphia. "I certainly agree with everything you have said. Few dentists know as well as you what an amount of work and courage it took to place dentistry on a level with the medical and other kindred professions, and few know of the trials and tribulations of the pioneers in this work."

¶ "Dr. Davis, in spreading broadcast his confidential relations and discussions of a patient whom he felt honored and proud to serve, has broken not only the laws of confidence, that even the courts recognize and uphold, but he has sown the seeds of distrust towards our profession among the representative men and women of the world, especially in Europe.

"Dr. Davis, I believe, has done the dental profession an inestimable amount of harm and it will be many years, if ever, before such an act, no matter with what excuses one may try

to condole the offense, will be forgotten. Permit me to congratulate you on the courageous step you have taken."

Writes C. S. Van Horn, D. D. S., of Bloomsburg, Pa.: "I wish to express my sincere appreciation and approval of your article in ORAL HYGIENE. Ever since the publication of Dr. Davis' German gossip, I have been scanning the dental journals for at least some little comment on the unethical conduct of the author. I read the Davis articles very carefully, and at the conclusion was thoroughly disgusted, for it looked to me as though Dr. Davis was impelled by a desire for notoriety—not to mention the monetary consideration. Your comments are very timely, exactly to the point, and exceedingly just. Please accept my thanks."

¶ This from the pen of Dr. T. Ledyard Smith of New York: "Since Dr. Davis lowered his dignity and misused the code of ethics by publishing a book, with a purpose, if it has any, that is obscure—unless it be an advertising scheme to re-establish himself here in business—he needs a rebuke and a severe one. I feel this to be his due from the profession and the better element of it could not be better represented than by yourself. The able and clean fashion in which you outlined the situation in the January number of ORAL HYGIENE is most gratifying."

¶ "After reading Dr. Davis' book, I was so annoyed by his violation of professional ethics that I spoke to several dentists about it, and I have wondered since that the matter was not taken up in some way. Thus, I hasten to thank you for your splendid article."

¶ "If Dr. Davis, as well as Ambassador Gerard, thought they had some important facts for presentation to the United States Government, and felt under obligation to disclose them, the one rightful ear for such confidences was that of official Washington; surely not the public ear, and through books that have no merit beyond common gossip."

¶ Says Dr. T. A. Kimberlin of Indianapolis, Ind.: "I desire to thank you and congratulate you personally for the gist and tone of your able article in the January number of ORAL HYGIENE, in which you so ably and kindly criticize our mutual friend, Davis. He so well deserves what you have so well given him that I desire to thank you again for it. Personally, I can see no possible benefit to be derived by Dr. Davis, unless in dollars and cents, and there is no question in my mind but that these articles were written with purely selfish motives and thoroughly deserve the criticism you have given them."

¶ The following is from C. Wesley Hale, D. M. D., Chairman of the board of Dental Examiners of Massachusetts: "Thank you for your timely and well-worded article in the January issue of ORAL HYGIENE, setting forth the injustice Dr.

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Davis has done our profession by his articles on the Kaiser. You have expressed my sentiments exactly."

¶ Harold S. Vaughan, M. D., of New York writes: "I have read with hearty approval your very able criticism of the author of 'The Kaiser As I Know Him.' I feel as you do that aside from the breach in professional conduct, the author has done much to lower the high standard and regard attained by American dentists in Europe, and we in this country can feel no professional pride in his work."

Writes Dr. William A. Jaquette of Philadelphia: "The current number of ORAL HYGIENE came today and I want to express my appreciation to you of your article regarding Dr. Davis' serial. Last summer at Glen Haven you showed much feeling regarding the reflection cast upon our profession and I hope you may have many letters of congratulation on the high stand you have taken."

From Salt Lake City, Utah, comes this word from Dr. W. H. Hopkins: "Your article in ORAL HYGIENE exactly expresses my view in regard to Dr. Davis. I feel him a Judas to every man in the profession. He must be brought to book."

Writes Dr. John P. Corley of Sewanee, Tenn.: "Dr. Davis, in writing the articles, classed himself in my opinion with the dental parlor charlatan. I recently heard a party of laymen in my club discussing Dr. Davis, when one of them said: 'The man who wrote those articles is either a skunk or a fraud.' which is just what I think also."

¶ Doctor Woods Hutchinson in his *Doctor in War*, says that a Casualty Clearing Station is a little, first class city hospital on a pavillion plan. All complete with every modern convenience, full staff of surgeons, nurses, orderlies, X-ray room, bacteriological laboratory, hot and cold water, electric light—dropped down on the field of war within five or ten miles of the firing line. Not so very little, either, for some of them have a thousand beds, though the average is about three or four hundred. The main difference between it and a city hospital is that it is built of wood, instead of brick and stone, and it lies alongside a railway line. Its wards consist of long, plain but comfortable wooden buildings, some sixty feet long by twenty-odd wide, with windows every ten feet and a ventilator in the roof, called by the absurd but inadequate name of "huts." They have good wooden floors, tarred water-tight roofs, windows, with a "hopper" upper-side or block ventilation, and stoves so that they can be kept warm and dry as toast in cold or stormy weather. * * * So comfortable and efficient are these stations, and so well do they serve their purpose, that they raise a question in the minds of all who have served in them whether it is really necessary in our great city hospitals to spend the enormous sums, raising sometimes as much as \$5,000 per bed, on huge and majestic monuments of steel, stone and glass, when all the fundamental essentials for the care of the sick and wounded, in plain vernacular phrase, "the guts of a hospital," are provided here in wood and tarred paper for about \$100 per bed. The question which our experience with Sanatoria for tuberculosis is also suggested to us.

NOTE AND COMMENT

LOST LEGENDS

"Red Riding Hood," a tale that's told!
"The Sleeping Beauty," far and old!
"Babes in the Wood,"—as faint a song
"Aged in the Wood," will be ere long.

☞ Wooden soles for shoes are being made in Wisconsin from material that was formerly sold as waste and fuel by sawmills.

☞ The city budget adopted by the Bridgeport, Conn., Common Council calls for an appropriation of \$36,738 to carry on the school dental clinics for the ensuing year.

☞ An Italian medical journal recommends a saturated solution of chlorinated lime for sterilizing the skin. It is said to be efficacious, harmless and unirritating for the disinfection of the hands of physicians and nurses. The Italian term used is *cloruro di calce*.

☞ Burma grows more than 100 varieties of every sort of timber. Yet, until last year, the nation exported rubber in packing cases made of wood from Japan. It has since been found that such cases can be made in Burma for half the cost.

☞ The Oral Hygiene Committee of the Dental Society at Columbus, O. have started a campaign to raise \$100,000 for a children's dental clinic. A dental exhibit brought from Camp Sherman has been used to stimulate interest in the movement.

☞ A recent telegraphic dispatch from Valentine, Texas, was to the effect that exploration is being made of potassium nitrate deposits near the Rio Grande. It is stated that the beds of workable potassium nitrate are large, and are to be operated on a huge scale.

☞ The license of William D. McErlane, D. D. S., of Jamestown, N. Y., was recently revoked by the Board of Regents of the University of the State of New York, acting upon recommendation of the New York State Board of Dental Examiners. This action followed charges preferred by Minor J. Terry, D. D. S., secretary of the Board of Dental Examiners. Two dentists also have been suspended from practice by the Board.

¶ Sugar planters in the Hawaiian Islands are facing a shortage of bags used as containers for raw sugar. These bags have been imported from Calcutta. Recently machinery was sent to Honolulu from Washington for manufacturing the bags from the fiber of banana tree trunks.

¶ Weapons of war thought massive and powerful in 1914 are puny in 1919. Thus, heavy artillery, the weight of which tied it down to fixed fortifications, is now moving merrily over the field of battle. Where formerly we talked in millions, now we talk freely in billions. Before the war 25 to 30 knots was battle cruiser speed; today such ships make from 35 to 40. A notable instance of this growth is in the field of aviation, where the British have airplanes of 600-horse-power and the Italians have gone up to 1,000. And the end is not yet.

¶ The annual meeting of the American Institute of Dental Teachers was held at the Piedmont Hotel, Atlanta, Georgia, January 28-30th.

The following officers were elected for the ensuing year: President, Dr. R. W. Bunting, Ann Arbor, Mich., Vice-President, Dr. Arthur D. Black, Chicago, Ill.; Secretary-Treasurer, Dr. Abram Hoffman, Buffalo, N. Y.; Executive Board, Dr. G. S. Millberry, San Francisco; Dr. A. H. Hipple, Omaha; Dr. A. E. Webster, Toronto.

The next regular meeting will be held at Detroit, Mich.

¶ Rabbits are causing enormous damage in Australia, by ruining the crops. Green feed disappears as if by magic. Landowners are at their wits' ends to know how to stay the progress of the pest. They are so numerous in south-western Riverina that hundreds are daily being run over by motor cars and killed. One car was actually pulled up by rabbits being whirled into the driving gear and their bones becoming entangled in the machinery. Thousands have been destroyed by the use of strychnine and apples, but poisons are scarce and dear. Trappers have gone out of business, the Government having fixed the price of skins so low as to make profit nil.

¶ *The Medical Record* states that the American Defense Society has given warnings of the recent importation into the United States of \$12,000,000 worth of drugs of German manufacture. Physicians and druggists are urged to abstain from the use of these drugs for two reasons: first, the repugnance of loyal Americans to having anything to do with German goods; second, because American firms are now manufacturing these drugs and should be upheld against German makers endeavoring to seize the market again and, by underbidding, ruin the new industry. "American chemistry, now in the process of emancipation from German dominion, must not be allowed to fall under subjection," adds *The American Journal of Nursing*.

¶ The campaign to amend the Federal Constitution so that the manufacture and sale of cigarettes will be abolished may be looked upon rather as a joke, and yet it should be recalled that twenty-five years ago the man who had the temerity to predict that in 1919 the manufacture and sale of intoxicating liquor would be abolished would have been marked down as a dreamer; consequently, it will not do to laugh at the anti-cigarette movement, for no man can tell what may become of it. Perhaps all forms of tobacco may be included.

¶ Massachusetts is considering the passage of a law placing paregoric and camphorated tincture of opium in the restricted list of narcotic drugs. Assistant District Attorney Weber speaking for the measure at a recent legislative hearing, declared that the sale of paregoric had been made in pint and quart lots since the sales of other drugs had been stopped through 1917 legislation. He quoted prominent physicians throughout the country on the use of paregoric among children. He said that practically all authorities declared paregoric stupified children and dulled their mental faculties.

¶ The U. S. War Department recently issued this statement: "There are persistent rumors all over the country to the effect that the War Department is disposing of a large number of automobiles by auction or private sale at reduced prices and in many cases to brokers. At the present time there are available no passenger cars for sale. New cars will be turned back through the original manufacturer in every case where practicable. It should distinctly be understood that it is not the policy of the War Department to sell property to any one for speculative purposes."

¶ Through the generosity of Frank A. Empsall & Company of Watertown, N. Y., the free dental dispensary in that city will continue in operation. Frank A. Empsall, president of the company, donated \$1,000 when the dentists of Watertown made known their needs. The Watertown Common Council appropriated but \$200 for the work, \$800 being needed. It was feared for a time that the dispensary would have to be abandoned. More than 1,000 treatments were made in 1918 at an average cost in materials of 20 cents. The Watertown dentists contribute their services. Later, if money is forthcoming, a dentist may be employed to take the work off their shoulders.

¶ *The Bridgeport (Conn.) Standard*, referring editorially to a new dental clinic installed in the city's welfare building, says: "Attention is called to the dental clinic. In addition to the systematic work in public and private schools of the city, where dental hygienists and three dentists are at work, the clinic will take care of extractions and make the fillings at a nominal sum. Already the appointments are made two weeks ahead of time and it looks as though more dentists and more dental hygienists should be secured. The dental clinic and the dental work in the schools is going to bring to this city a wonderful bill of health in the future."

¶ *The North American*, of Philadelphia, Pa., has for several years been trying to educate the Public to the great importance of "the care of the teeth," through its editorials. Much valuable data has been diffused in this way. Dentists interested in forming new dental clinics should induce co-operation in this way through local newspapers.

¶ Before the War the normal demand for nitric acid in America reached 500,000 to 600,000 tons annually. The War increased the demand to about 900,000 tons. The common reliance of the world for its supply had been chiefly upon the nitrate beds of Chile, even Germany importing about half the amount used. The entrance of America into the world conflict hastened the development of a domestic supply of the product. Two great plants for the production of nitric acid by the ammonia process, both located on the Tennessee River, were completed about the time the armistice was signed. Nitric acid is much in demand for the dye and drug industries and for fertilizers.

¶ The Dental Clinic of Wilmington, Delaware, is doing good work as is shown by their report for the year ending January, 1919.

From April 12, 1917, to July 6, 1918, nearly 400 soldiers received attention, the work being classified as follows: Teeth treated, 260; extractions, 209; nerve extirpations, 55; amalgam fillings, 390; porcelain fillings, 82; prophylactic treatments, 51; plates set, 37; bridges set, 23; crowns, 69. The clinic owes its origin and a great deal of its success to Dr. Wm. C. Speakman, now serving with the rank of major in the A. E. F. He was assisted by members of the Delaware State Dental Society, who volunteered their services. Dr. Philip A. Traymore is now in charge. The Delaware Chapter of the Red Cross are co-operating, and have agreed to give a sum not to exceed \$100 a month for the work. About \$375 was used from this source during the past year.

¶ According to an official statement from Washington, one billion pounds of unsold copper has accumulated in this country, most of which was produced on a wage scale commensurate with 26-cent copper. The copper producers worked into a situation during the heat of wartime efforts, quite contrary to the usual custom in the business. Formerly copper was sold ahead in substantial amounts; during the war the government took 90 per cent of their output, leaving little opportunity for future sales. With these orders ceasing at the signing of the armistice, the country's output has simply accumulated, for peace-time demand was not sufficient to absorb the increased productive capacity. During the war productive capacity increased from 1,500,000,000 pounds of copper annually to 2,500,000,000 pounds. An encouraging sign, however, is the apparent willingness of labor to recognize the situation and accept a scale of wages based on a lower selling price for the metal.

¶ At a recent conference of nine school district committees of Hartford, Conn., with the dental hygiene committee of the Hartford Chamber of Commerce, a resolution was adopted asking the board of education to appropriate \$1,000 for every 2,000 children registered, this sum to be spent for prophylactic work in the schools. It also was recommended that an appropriation of \$2,000 be made for the establishment of a dental clinic.

¶ The past few years have noted many changes in the dental magazine field. The *Dental Brief*, *Western Dental Journal*, and now the *Dental Review*, all of which were journals of the first class, have ceased to exist. There are many and varied reasons for this. As we look over the field it seems to us that the remaining dental journals are in strong hands and no reason for their ceasing publication, but upon the other hand, we would have thought the same in regard to the *Dental Review*. A man with the editorial ability of Dr. Johnson cannot long keep such talent unemployed. An active professorship in a Dental School and caring for a large practice is enough for one man and being relieved of the burden of editorship must be welcome.

¶ The life of a credit man is not all monotony. A member has reported the following to the Rochester Association of Credit Men.

A young farmer came to town to purchase a buggy. The price of the vehicle he desired was \$90. The farmer objected to the price, saying his father 20 years before, had bought one just like it for \$60. He said he thought that with present day manufacturing facilities such a buggy should be lower in cost.

The merchant hunted up a musty ledger and found the father of the young man had not paid cash, but had turned in 300 bushels of corn. The merchant then turned to the farmer and said:

"Deliver me the 300 bushels of corn and I will give you in exchange a \$90 buggy, a \$75 wagon, a \$20 suit of clothes, a \$20 dress for your wife, a \$5 crib for the baby, \$10 worth of sugar, \$13 worth of tea, \$100 worth of gasoline and \$15 worth of lubricating oil, a total of \$353, the present value of 300 bushels of corn."

The farmer decided to pay cash for the buggy.

¶ Benjamin Franklin, whose picture appears on the 1919 issue of the War Savings Stamps, was a prolific writer on the subject of thrift. Here are some of his Thriftograms, which are as applicable in the 1919 thrift year as in his day:

Save and have.

Little strokes fell great oaks.

A rolling stone gathers no moss.

Spend one penny less than thy clear gains.

Look before or you'll find yourself behind.

He that waits upon a fortune is never sure of a dinner.

Money can beget money, and its offspring can beget more.

It is foolish to lay out money in a purchase of repentance.

Waste neither time nor money, but make the best use of both.

Remember that money is of the prolific, generating nature.

All things are cheap to the saving, dear to the wasteful.

If you would be wealthy, think of saving as well as getting.

Beware of small expenses; a small leak will sink a great ship.

Buy what thou has no need of, and ere long thou shalt sell thy necessities.

It is easier to suppress the first desire than to satisfy all that follow it.

He that murders a pound destroys all that it might have produced, even scores of pounds.

¶ West Springfield, Mass., has a school dental clinic in active operation. Dr. Harry A. Hart's report for 1919 shows that of 415 pupils examined but 39 had anything like good teeth, the rest having defects ranging from minor cavities to pyorrhea. About half of the pupils examined applied for treatment. The report indicated carelessness on the part of parents in not seeing to it that their children's teeth were properly cared for

¶ In one year \$35,000,000,000 of war risk insurance has been written by the government for its fighting men. This practically is equal to the amount of ordinary life insurance outstanding from all the life insurance companies in the world at the beginning of the war. Never before in the world's history have men been so well protected as Americans taken to the field. In the event of death, if the soldier is married, with dependent children, the government steps in and by a special system of payments, the family is assured permanent support. The cost of this insurance is remarkably reasonable. A soldier 26 years old pays \$80.40 per annum for a \$10,000 policy, which, obtained from a private insurance company, would cost him \$580. The insurance may be kept in force after the expiration of the war and changed to ordinary life, 20 years payment life, and endowment.

¶ Says *Popular Mechanics*: The world's record for the tallest chimney is one which has not remained with any one structure in the last few years. For a time the stack 570 feet high at Sagonoseki, Japan, topped all others. Next followed a chimney a foot higher for a smelting company at Tacoma, Wash. Now a new chimney has just been completed at Anaconda, Mont., which surpasses all others, being 585 feet high. The inside diameter is 76 feet square at the base and 60 ft. at the top. The Washington monument is 55 ft. square at its base and 555 feet high, and by cutting off a very little of its corners, it could be set in the smoke passage of the enormous Anaconda structure. The vast chimney is expected to transmit 3,000,000 cubic feet of gas, plus 1,000,000 of cooling air per minute, at a velocity of 24 feet a second. It contains 2,300,000 radial bricks, equal to 7,000,000 common bricks and is part of a \$2,000,000 smoke treatment plant connected with a smelter. This plant is designed to catch no less than 240 tons of solids per day or 88 per cent of that now going to waste through small chimneys. There is a complete recovery of arsenic, or about 35 tons per day.

¶ In connection with alcohol it is interesting to note that the liquor interests of the United States, not including the brewers of malt liquids, at a recent conference in Chicago voted to expend three million dollars to fight the federal prohibition amendment to the constitution. The liquor men take the stand that the states failed to ratify the amendment in the proper form, in that at least half of the states require a referendum vote by the people before action of the state legislature on a constitutional amendment can be confirmed. In the case of the prohibition amendment, the liquor interests contend, this procedure was ignored. Headed by Levy Mayer, a prominent Chicago attorney, an imposing array of legal talent soon will descend upon the Supreme Court to carry the fight to the bitter end. The brewers, on the other hand, seem more reconciled to the situation. They plan no particular court battle, but intend to reach the laboring man and the returning soldier by the propaganda route. At a recent St. Louis meeting of brewers it was declared both organized labor and the "Yanks" favor use of light wines and beers. The soldiers, it was pointed out, have seen how light wines are served in Europe and the effect of the custom on the people. The working man, it is contended, favors continued brewing of beer to counteract the sale of "squirrel whiskey" after the nation goes dry.

FUNNIES

We want good, clean humor for this page and are willing to pay for it. Send me the story that appeals to you as "funny," and if I can use it you will receive a check on publication.
Address: EDITOR, 186 Alexander Street, Rochester, N. Y.

¶ Hen Simpson and his wife were calling, and were telling about some of the points of interest they visited on their European trip several years ago.

¶ "Did you get around to Venice?" I asked them casually.

¶ "Oh, yes, indeed," she replied. "But they were having such a dreadful flood when we were there, and everybody had to go around in boats."—D. G., New York, N. Y.

¶ Aunt Mary Wells is one of the few "befo' de wah" darkies left in a little Kentucky town. Recently she was discussing with her employer the merry-go-round that was running up on the corner.

¶ "Nawsuh, Mr. Malcolm," she said, "nawsuh I don' ride on none o' dem things. Why, Mr. Malcolm, I've seen some o' these fool niggers git on that thing and ride as much as a dollar's worth, an' git off at the very same place they gits on at; an' I sez to 'em, 'Now you spent yo' money, nigger, whah yo' been?'"

H. I. C., Beacon Falls, Conn.

¶ An old man was sitting on the roof of his house during a flood, watching the waters rise, when a neighbor, who possessed a boat, rowed across to him.

¶ "Halloa, John," he said, "have all your fowls been washed away this morning?"

¶ "Yes, but the ducks can swim."

¶ "Is your corn under the water?"

¶ "Well, they said the crop would be a failure, anyhow."

¶ "I see the flood has reached above your windows."

¶ "That's all right. Them winders needed washin'."

—D. G., New York, N. Y.

¶ Smith got married. The evening of his first pay-day he gave his bride thirty-nine dollars of his salary and kept only a dollar for himself.

¶ But the second pay-day he gave his wife one dollar and kept the thirty-nine dollars for himself.

¶ "Why John," she cried, in injured tones, "how on earth do you think I can manage for a whole week on a paltry dollar?"

¶ "Darned if I know. I had a rotten time myself last week. It's your turn now."—M. S., Lincoln, Nebr.

¶ Miss Boss was a settlement worker, and one day she called at the home of the Thompsons. She found no one at home but a girl of about twelve and a smaller brother. After talking with the little mother a few moments, she said:

¶ "And does your little brother help you at all? What does he do all day?"

¶ "The little girl gave her brother a proud glance and said, 'Say, kid, smoke a cigarette fer de lady an' swallow de stub.'"

J. H. H., Pittsburgh, Kans.

¶ During the British advance on Jericho an enemy shell struck an ancient tomb and revealed a skeleton. Investigation by the official archaeologists connected with the British staff pointed to the skeleton being that of a historical figure, John of Antioch. Accordingly a cable was dispatched to the War Office in London: "Have discovered skeleton supposed to be that of John of Antioch."

The War Office replied: "Cannot trace John Antioch. Send identification disk."—H. I. C., Beacon Falls, Conn.